

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046496

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. _____

Registrar's No. 1842

FILED DEC 21 1962

1. PLACE OF DEATH

a. COUNTY Greeneb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Ash GroveLength of stay in 1b
1 Yearc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Greenec. CITY OR TOWN Ash Grove,Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Wrie Middle Claude Last Baker4. DATE OF DEATH
Month Dec. Day 12, Year 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-26-1891 71

9. AGE (last birthday)

IF UNDER 1 YEAR
Months _____ Days _____ Hours _____ Min. _____

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer; Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Stone County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Baker

13b. MOTHER'S MAIDEN NAME

Kerrenmer Johnson

14. NAME OF HUSBAND OR WIFE

Bertha A. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

17. INFORMANT

Bertha A. Baker, Ash Grove, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Presumed to be natural causesINTERVAL BETWEEN
ONSET AND DEATH
unknownConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

UNATTENDED BY A PHYSICIAN

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II.)

Deceased was found on couch dead when neighbors towent to build a fire for him, (he lived alone) He hadbeen ill and they had tried to have him call a physician but herefused.20c. TIME OF INJURY
Hour _____ a.m. _____ p.m.
Month, Day, Year _____20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____

10:00 P.M.

and last saw her alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degrees or title)

M.D. Greene County Health Officer

22b. ADDRESS

22c. DATE SIGNED

12-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

12-15-1962

23c. NAME OF CEMETERY OR CREMATORY

Johns Chapel Cemetery

23d. LOCATION (City, town, or county)

Ash Grove, Mo.

24. FUNERAL DIRECTOR

Prim-Daniel, Inc. Ash Grove, Mo.

25. DATE RECD. BY LOCAL REG.

12-17-62

26. REGISTRAR'S SIGNATURE

Effie S. Neelton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59639020390

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FEB 19 1963

DEC 26 1962

Permit No. 13-1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Walter L. Samuel

Licensed Embalmer No. _____

4702

P. O. Address _____

2401 E. 1st St. - No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.